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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	32405-147477 172174
First Named Inventor	Krieger
Original Patent Number	6,056,414
Original Patent Issue Date (Month/Day/Year)	May 2, 2000
Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
- ☐ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No

(If Yes, check applicable box(es))

☒ Written Consent of all Assignees (PTO/SB/53)

☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
- ☐ Original U.S. Patent for surrender
☐ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☐ Other:

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



26694

PATENT TRADEMARK OFFICE

or ☒ Correspondence address below

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NAME (Print/Type)	Robert Kinberg	Registration No. (Attorney/Agent)	26,924
Signature	<i>Robert Kinberg</i>	Date	Aug. 1, 2005

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The PTO does not require the following

listed item(s): Return

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

32405-~~67477~~ 172174**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 11	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 12	**** 0	X\$0=	0	or	X\$ =
(C) 1		(D) 1	* 0				X\$ =
Basic Fee (37 CFR 1.16(h))					\$355		\$
Total Filing Fee					\$355	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$ =	or	X\$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ =		X\$ =	
Total Additional Fee					\$	OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

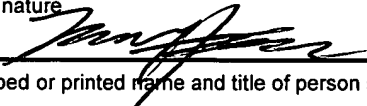
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 22-0261.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 355 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**August 1, 2001
DateRobert Kinberg
Signature of Applicant, Attorney or Agent of Record

Robert Kinberg - Registration No. 26,924

Typed or printed name

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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 32405-147477
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Michael Krieger		
Patent Number 6,056,414	Date Patent Issued May 2, 2000	
Title of Invention PORTABLE LIGHT WITH STAND		
<p>1. <input checked="" type="checkbox"/> Filed herein is a certificate under 37 CFR 3.73(b).</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee owning an undivided interest in said original patent is/are <u>Vector Products, Inc.</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) Vector Products, Inc.		
Signature 	Date 7/16/01	
Typed or printed name and title of person signing for assignee (if assigned) Michael Krieger, President		

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